

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Heidi Stevens

Mailing Address 2032 STATE ROUTE 374

City State Zip Code
 ELLENBURG DEPOT NY 12935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Champlain Valley Physicians

Occupation

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17167

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Ruby Stewart

Mailing Address 680 East 224th St.

City State Zip Code
 Bronx NY 10466

FEC ID number of contributing
federal political committee.

C

Name of Employer

Terrace Healthcare Center

Occupation

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17169

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. YVETTE SWEENEY

Mailing Address 1064 CARROLL PL., #4C

City State Zip Code
 BRONX NY 10456

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLIANCE HOME SERVICES INC

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17172

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00